

Unintended Pregnancy and Abortion in Burkina Faso: Causes and Consequences

Executive Summary

Induced abortion is permitted in Burkina Faso only to save the life and protect the health of a pregnant woman, or in cases of rape, incest, and severe fetal impairment. As a result, the vast majority of women who end unintended pregnancies do so in secrecy, out of fear of prosecution and to avoid the social stigma that surrounds this practice. Most clandestine abortions are carried out in unsafe conditions that jeopardize women's health and sometimes their lives. This report presents estimates of the number and rate of induced abortions that occurred in Burkina Faso in 2008 and 2012; reports levels of unintended pregnancy (the major reason that women seek abortions in the first place); and describes some of the adverse consequences of unsafe abortion for women, their families and society.

The incidence of abortion

- Using findings from three national surveys, we can now estimate the level of induced abortion in Burkina Faso. In 2008, the rate was 25 pregnancy terminations for every 1,000 women aged 15–49. The rate was 23 per 1,000 in rural areas and 28 per 1,000 in Ouagadougou, but it was highest—42 per 1,000—in urban areas other than Ouagadougou.
- The large differences between the country's urban and rural areas in levels of unintended pregnancy and induced abortion are the result of cultural, ethnic, religious and demographic factors that influence sexual and reproductive behavior and attitudes in the two regions. The importance that couples and social groups place on having large families is an especially important factor. The average desired family size, for example, is 5.9 children in rural areas, compared with 2.8 in Ouagadougou.
- One-third of all pregnancies each year in Burkina Faso are unintended, and one-third of unintended pregnancies are ended by abortion.
- Women who have induced abortions are not typical of all women of childbearing age. They tend to be younger and better educated than other women, and are more likely than other women to live in urban areas, to be unmarried and to not have any children.

The conditions and consequences of unsafe abortion

- Between one-half and two-thirds of all women who have abortions go to traditional providers with no special skills or training, or end their own pregnancies, often using

dangerous methods. Only about one in seven abortions are carried out by doctors (3%) or trained health assistants (12%); these safe procedures are most frequently obtained by better-off women who live in urban areas. While one-fourth of abortions obtained by these women are performed by a doctor and another one-fourth by a trained health assistant, doctor-assisted pregnancy terminations are almost non-existent among poor rural women, and only one in 11 of their abortions are performed by a trained health assistant.

- Four in 10 women who have unsafe abortions are estimated to experience complications that can threaten their health and even their life. While this proportion is lower for better-off urban women (one in four), nearly half of poor rural women who have abortions experience health-related complications.
- Almost six in 10 women who go to traditional practitioners and half of those who induce their own abortions are estimated to experience complications, compared with about one in five women who go to midwives, trained male birth attendants or other medical workers, and with only one in 10 women who use a doctor's services.
- Some women who experience complications do not get the postabortion care they need. Nationally, almost four in 10 women with abortion-related complications receive no care; this proportion is highest for poor women living in rural areas and lowest for better-off women living in urban areas, reflecting that postabortion care services are more accessible in urban than in rural areas (as long as women can afford to pay for them).
- Half of women receiving postabortion care for complications from unsafe abortions are treated in primary health care facilities. Another one-quarter receive care from a centre médical avec antenne chirurgicale or from an even more basic centre médical.

Unintended pregnancy

- Average family size in Burkina Faso is high, although it has declined from 6.9 children per woman in 1993 to 6.0 in 2010. However, average family size in 2010 was smaller in Ouagadougou (3.4 children) than in other urban areas (4.4) or in rural areas (6.7).
- The conditions that would allow most women to avoid unintended pregnancies do not currently exist in Burkina Faso. Contraceptive use is very low: In 2010, only 16% of married women of childbearing age were using a contraceptive method. The overall level of contraceptive use has doubled since 1993, when it was 8%, and the use of modern methods tripled during that period. Nevertheless, the low level of contraceptive use is the main reason for Burkina Faso's high rate of unintended pregnancy.
- Unmet need for contraception is high in Burkina Faso and has been for the past 10 decade. In 1998-1999, 26% of married women aged 15–49 did not want a child soon or ever but were not using any contraceptive method. In 2010, this proportion was virtually unchanged (24%).

- Among single but sexually active women in this age group, unmet need is even higher—it was 35% in 1998-1999 and 38% in 2010.

Policy implications of the findings

- Contraceptive use must increase if more women in Burkina Faso are to be able to avoid becoming pregnant when they do not wish to. A reduction in the level of unintended pregnancy is the major solution to bringing down the country's current level of unsafe abortion.
- Possible strategies to facilitate the wider adoption of modern contraceptive methods in Burkina Faso include the expansion and promotion of family planning programs through the country's primary health services, and the provision of family planning methods as an essential part of postabortion care.
- Policymakers in Burkina Faso should consider lowering the obstacle of high cost that appears to prevent many poor women from obtaining family planning services. In public health clinics, women are charged—albeit at a subsidized price—for contraceptive supplies.
- In light of the finding that women who have abortions are disproportionately likely to be young and unmarried, special attention should be given to providing nonjudgmental and accessible family planning services to these groups.
- Seven in 10 women of childbearing age in Burkina Faso have had no schooling. It is unlikely that contraceptive use levels will rise substantially in the absence of a concerted national effort to improve educational levels among women.
- To reduce levels of severe morbidity and death associated with abortion-related complications, access to high quality postabortion care services needs to be improved. Efforts should be made to subsidize the cost of postabortion care for all complications, irrespective of types of treatment received. Postabortion services should include contraceptive counseling and supplies to help women prevent future unwanted pregnancies.
- Because abortion is legal in Burkina Faso under certain circumstances, efforts should be made to ensure that eligible women have access to safe legal abortions within the limits of the law. All medical students, and all medical practitioners (including midlevel staff) working in hospitals, should be trained to meet this need through the correct use of manual vacuum aspiration—a technique with a very low risk of complications when properly used.

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